

VERIFICATION OF HIGHLY QUALIFIED TEACHER STATUS

*For Missouri certified educators transferring to another state.
To be completed by the State Certification Officer*

I attest that _____ is “highly qualified” according to the definition in the federal No Child Left Behind law in the following teaching areas:

Social security number is: _____.

| Certification Subject | Grade Levels |
|-----------------------|--------------|
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The educator meets the No Child Left Behind requirements by:

| Test Name | Subject/Grade Levels |
|-----------|----------------------|
| | |
| | |
| | |

| HOUSSE Form | Subject/Grade Levels |
|-------------|----------------------|
| | |
| | |
| | |

| Other (Nat'l Certification, etc) | Subject/Grade Levels |
|----------------------------------|----------------------|
| | |
| | |

Name: _____ State: _____

Title: _____ Email: _____

RETURN TO: DESE, Attn: HQT Section, P.O. Box 480, Jefferson City, MO 65102-0480